PATENT	APPLICATION	FEE DETE	RMINATION	RECORD

Effective October 1, 2000

Application or Docket Number

14531.110

								MALL EN	TITY		OTHER	
		(Column	umn 1) (Colun		mn 2)	1	TYPE		OR_	SMALL	ENTITY	
TOTAL CLAIMS		47		, '		ſ	RATE	FEE	·	RATE	FEE	
FOR		NUMBER F	FILED NUME		ER EXTRA		BASIC FEE	355.00	OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS			47 min	ninus 20= * 2		7		X\$ 9=		OR	X\$18=	486
INDEPENDENT CLAIMS			€ mir	nus 3 =			X40=		OR	X80=	Lyo	
MULTIPLE DEPENDENT CLAIM PRESENT							+135=		OR	+270=		
* If the difference in column 1 is less than zero, enter "0" in c				r "0" in c	olumn 2		TOTAL		OR	TOTAL	1436	
	CI	LAIMS AS A	MENDED	- PAR	TII			•			OTHER	THAN
				(Column 3)	<u>_</u>	SMALL E	NTITY	OR	SMALL	ENTITY		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI PAID	IBER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	* . NTATION OF M	Minus	***	T CL AIM	=		X40=		OR	X80=	
L	FIRST PRESE		ULTIPLE DEF	ENDEN	CLANI		ן נ	+135=		OR	+270=	
								TOTAL		OR	TOTAL	
÷		;		60 1		(O - I 0)		ADDIT. FEE			ADDIT. FEE	
		(Column 1) CLAIMS		(Colu	mn 2) HEST	(Column 3)	5 ,		4001	1		ADDI
AMENDMENT B		REMAINING AFTER AMENDMENT		NUN PREVI	MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=	·	OR	X\$18=	
AME	Independent	* NTATION OF M	Minus	***	T CL AINA	=	-	X40=		OR	X80=	
_	FIRST PRESE	NIATION OF M	OLITE DE	ENDEN	CLAIN		┛┃	+135=		OR	+270=	
								TOTAL		OR	TOTAL	
								ADDIT. FEE			ADDIT. FEE	
 	1	(Column 1)	21.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.		mn 2) Hest	(Column 3)	١.					
AMENDMENT C		REMAINING AFTER AMENDMENT		NUM PREV	MBER HOUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**	,	=		X\$ 9=		OR	X\$18=	ÿ
	Independent	*	Minus	***	IT OL ALL	=	4	X40=		OR	X80=	
	HIRST PRESE	NTATION OF M	OLTIPLE DE	PENDEN	II CLAIM		┛┃	+135=		OR	+270=	
• If the entry in column 1 is less than the entry in column 2, write "0" in column 3.												
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												
i	THE THYRESTINUI	INDEL FIENDUSIN PO	שטוטו (וטנשונ	" mashan	acity is at	o .ugiioat numb		and ap	propriate 50			